CLAIMS ONLY

		Application Number	Filing Date
		10/829443	
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12	/						62							
13							63							
14		2					64							
15		2					65							
16		2					66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34	/	/					84							
35	/						85							
36		/					86							
37		/					87							
38		/					88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	3						Total Indep							
Total Depend	14						Total Depend							
Total Claims	17						Total Claims							